

August XX, 2023

Shalanda Young
Director, Office of Management and Budget
1650 Pennsylvania Avenue NW
Washington, DC 20503

Dear Director Young,

In the year following the Supreme Court ruling that overturned *Roe v. Wade*, we appreciate the Biden-Harris administration's steadfast support for sexual and reproductive health and rights (SRHR). It was significant to hear this support reaffirmed in the recent [global SRHR fact sheet](#) published in June 2023, stating the United States "... remains resolutely committed to advancing and protecting sexual and reproductive health and rights (SRHR) around the world."¹ As we look towards the 30th anniversary of the landmark International Conference on Population and Development (ICPD) in 2024, it is critical that the U.S. maintain and build upon its historic leadership through increased investments and supportive policy to make SRHR a reality for all people globally and leave no one behind. Therefore, on behalf of the undersigned organizations, we respectfully urge you to support increased funding for international family planning and reproductive health (FP/RH) programs and address policies that limit the effectiveness of these programs in the President's Budget Request for fiscal year (FY) 2025.

For over 50 years, the U.S. has sought to address the unmet need for FP/RH services around the world through investments in bilateral programs as well as the United Nations Population Fund (UNFPA). While significant progress has been made, 218 million women in low- and middle-income countries continue to face significant barriers to accessing and using modern methods of contraception to autonomously prevent and delay pregnancy.² Furthermore, an estimated 287,000 women die each year from pregnancy-related causes, including complications from unsafe abortion, which continues to be a major, preventable driver of unacceptably high maternal mortality rates.³

The increasing occurrence of humanitarian crises, made worse by climate change, has further exacerbated challenges to accessing sexual and reproductive health care. These challenges disproportionately burden and harm Black and brown individuals who live in low- and middle-income countries and face the most significant barriers to healthcare access, due to systems that are rooted in and reinforce white supremacy, neocolonialism, and gender inequality.

Investments in sexual and reproductive health support a number of foreign policy, development, and humanitarian goals that are shared by the United States and the international community, such as improving global health, supporting young people, upholding human rights, and advancing gender equity and equality. Addressing the demand for access to comprehensive sexual and reproductive health services, including through the provision of a full range of effective contraceptive methods and accurate information about SRHR, will improve maternal and child health outcomes, reduce the number of unintended pregnancies and unsafe abortions, lower HIV and STI transmission rates, promote women's and girls' rights and empowerment, reduce poverty, raise standards of living, ease adaptation to the

¹ United States Department of Health and Human Services. (2023, June). [The Biden-Harris Administration's Commitment to Advancing Sexual and Reproductive Health and Rights Globally](#)

² Guttmacher Institute. (2020, June). *Adding It Up: Investing in Sexual and Reproductive Health 2019*. <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

³ WHO. (2023, February). A woman dies every two minutes due to pregnancy or childbirth: UN agencies. <https://www.who.int/news/item/23-02-2023-a-woman-dies-every-two-minutes-due-to-pregnancy-or-childbirth--un-agencies>

changing climate, and support more sustainable development.

Funding Request

Fund bilateral and multilateral FP/RH programs at \$1.74 billion (\$1.62 billion from the Global Health Programs account and \$116 million from the International Organizations and Programs account).

Providing a total of \$1.74 billion for international FP/RH programs would meet the U.S. fair share⁴ of the total funding resources needed to address the unmet contraceptive needs of 218 million women in low- and middle-income countries who want to prevent or delay pregnancy and position our country as a strong partner in this global effort.⁵

The recommended amount is calculated based on the targets included in the 1994 International Conference on Population and Development Programme of Action, which specified that one-third of the financial resources necessary to provide reproductive healthcare to communities around the world should be provided by donor countries and two-thirds by low- and middle-income nations. By applying the U.S. percentage share of total gross national income of high-income countries to its assigned one-third contribution to the total funding required to address the unmet need for contraception, the U.S. share of the cost — based on relative wealth — equals \$1.74 billion. Other donor governments and low- and middle-income nations, as part of the burden-sharing agreement, would be responsible for \$10.86 billion.⁶

U.S. investments in FP/RH programs are critical to promoting the health and well-being of people — particularly women, girls and pregnant people — around the world, are cost-effective and deliver real results. Every additional dollar spent on contraceptive services would save \$3 in pregnancy-related care.⁷ Moreover, fully funding the U.S. fair share of meeting the global need for modern contraception would result in approximately:

- 96.1 million women and couples receiving contraceptive services;
- 32.4 million unintended pregnancies averted;
- 10.6 million unsafe abortions averted;
- 12.7 million unplanned births avoided; and
- 54,000 maternal deaths prevented.⁸

The United States must also increase financial support to UNFPA, which is the only multilateral institution with an explicit mandate to address the reproductive health needs of communities worldwide. UNFPA complements the United States' bilateral international family planning program, expanding the reach of U.S. assistance through its work in more than 150 countries, including many in which the U.S. Agency for International Development (USAID) does not currently operate FP/RH programs. As the world continues to face numerous humanitarian crises, UNFPA plays an irreplaceable role in the provision of reproductive and maternal health services in humanitarian settings and conflict affected

⁴ PAI. (2023, July). Just the Math. <https://pai.org/resources/just-the-math/>

⁵ Guttmacher Institute. (2020, July). Adding It Up: Investing in Sexual and Reproductive Health in Low and Middle-Income Countries. <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

⁶ PAI. (2023, July). Just the Math. <https://pai.org/resources/just-the-math/>

⁷ Guttmacher Institute. (2020, July). Adding It Up: Investing in Sexual and Reproductive Health in Low and Middle-Income Countries. <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

⁸ Guttmacher Institute. (2023, March). Just the Numbers: The Impact of US International Family Planning Assistance, 2022. <https://www.guttmacher.org/2023/03/just-numbers-impact-us-international-family-planning-assistance-2022>

areas, including in Ukraine, Afghanistan, Somalia, Ethiopia, Türkiye, and Yemen.

We appreciated President Biden's proposed increase of 11% over current funding levels, for a total of 677.2 million, in his FY 2024 budget. However, this amount fell far short of the U.S. fair share.

Increase funding available for the National Institutes of Health and USAID research and development of contraceptives and multipurpose prevention technologies. Nearly one in four women in low- and middle-income countries who want to avoid pregnancy have an unmet need for contraception, resulting in 111 million unintended pregnancies, 30 million unplanned births and 69 million abortions, of which half (35 million) are performed under unsafe conditions.⁹ An expanding body of knowledge suggests that improving and expanding use of contraception requires more than just increasing access to existing methods. Biomedical research is needed to refine existing contraceptive methods to make them more acceptable, affordable, and accessible, and to develop new methods that fill gaps in the existing method mix, including the development of multipurpose prevention technologies that simultaneously prevent both unintended pregnancy and sexually transmitted infections, including HIV.

Policy Recommendations to Advance SRHR

Policy restrictions that impede human rights and limit the information and services available to people to make their own informed decisions about their bodies and their lives are a stark example of neocolonialism, taking advantage of the uneven relationship between the United States and the countries that receive U.S. foreign aid.

Strike restrictions on funding for abortion, including the Helms amendment. We encourage President Biden to strike the Helms amendment from his budget proposal for FY 2025. The inclusion of the Helms amendment, which prohibits the use of U.S. foreign assistance funds for “the performance of abortion as a method of family planning,” is harmful and hurts millions of people around the world who live in areas that rely on U.S. foreign assistance in order to access health care. It unnecessarily restricts the ability of individuals to make their own personal medical decisions and access comprehensive reproductive health care, including abortion care, particularly in countries where it is legal. As the United States grapples with barriers to racial justice, the Helms amendment is yet another example of a systemic, racist policy that has become commonplace in society. It is an example of the United States using foreign policy and foreign aid to control the health care and bodily autonomy of Black and brown people around the world. Furthermore, the Helms amendment has been over-implemented as a complete ban on U.S. funding for abortion care around the world, even in cases of rape, incest or a life endangering pregnancy. Removing these reiterations in the President's FY 2025 budget request would be a powerful step toward ensuring that U.S. foreign policy meets the moment, addresses the global harm of the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, and expands access to quality, comprehensive sexual and reproductive health care services including safe, legal, and accessible abortion, for all.

In further alignment with your FY 2022, FY 2023, and FY 2024 budget proposals to end the Hyde amendment's restriction on Medicaid coverage for abortion care, we also request that you strike the prohibition on coverage of abortion care for Peace Corps Volunteers in your FY 2025 budget request.

⁹ Guttmacher Institute. (2020, June). *Adding It Up: Investing in Sexual and Reproductive Health 2019*. <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

Delete funding conditions applied to UNFPA. We request that President Biden again propose the deletion of all long-standing boilerplate restrictions on the U.S. voluntary contribution to UNFPA, as was done in his FY 2022, 2023, and 2024 proposals. This includes: the requirement that UNFPA maintain U.S. funds in a segregated account, none of which may be spent in China; no funding for abortion; and a dollar-for-dollar reduction in the U.S. contribution by the amount of funds UNFPA furnishes to China.

Update Kemp-Kasten amendment to address all forms of reproductive coercion, and delete the requirement for a presidential determination. Proposed changes in statutory language would replace the 1985 Kemp-Kasten language with a broader prohibition to prevent U.S. foreign assistance funds from supporting coercive activities with regard to matters of reproduction and bodily autonomy, consistent with the 1994 International Conference on Population and Development (ICPD) Programme of Action. This should include, but is not limited to: use of incentives or disincentives to lower or raise fertility; use of incentives or targets for uptake of specific contraceptive methods; withholding of information on reproductive health options; forced sterilization; forced abortion; and forced pregnancy.

Additionally, we ask that you delete the requirement for a presidential determination to restrict the ability of a president to interpret the law in such a manner as to unfairly and inconsistently apply the prohibition on funding to organizations. The revision also provides a more precise definition of what constitutes involvement in these types of human rights abuses.

Insert technical fixes to allow for contraceptive procurement using the HIV/AIDS Working Capital Fund. Current law only allows “child survival, malaria, tuberculosis and emerging and infectious diseases” programs to use the HIV/AIDS Working Capital Fund to procure and distribute pharmaceutical commodities for use in U.S.-funded programs. This change would broaden the fund to allow USAID to use the HIV Working Capital Fund to procure contraceptive commodities and a full range of global health supplies. This technical language change would allow USAID the flexibility to purchase the right commodities for countries, when they are needed, in the right amounts, increasing the purchasing power of family planning funding without reducing funding for other critical and complementary health commodities.

Allow for FP/RH programs to continue in countries where U.S. foreign aid has been cut. FP/RH is the only global health program that is not exempt from a variety of prohibitions on U.S. assistance that can and have been enforced against country governments that commit coups, nuclear proliferation, loan default, expropriation of U.S. assets and other misdeeds. Exempting FP/RH programs when U.S. foreign assistance is otherwise cut off to a country because of various prohibitions in the law is important as a matter of fairness and consistency and will ensure that people who rely on U.S.-supported FP/RH programs are not punished for their government’s misdeeds.

The President’s FY 2022, FY 2023, and FY 2024 budget requests included these technical fixes and we encourage him to include them again in his FY 2025 proposal.

Modify the Siljander amendment to prohibit the use of U.S. funds to lobby against abortion. As written, the Siljander amendment prohibits the use of funds to lobby for abortion, even as the lack of access to safe abortion services around the world continues to drive unacceptably high rates of maternal mortality and limits the rights of women, girls, and pregnant people. The United States and its partners should be able to use diplomatic engagement and foreign assistance to promote access to quality, comprehensive sexual and reproductive health care services for all people, including safe, legal and accessible abortion. Foreign policy funding decisions — particularly those around health — should

be grounded in science and fact, and the evidence is clear that access to safe abortion saves lives.

Eliminate the Livingston amendment, which allows organizations that receive certain government grants to refuse to offer the full range of contraception based on their religious objections. The Livingston amendment significantly undermines access to the full range of contraceptive methods and, as a result, the SRHR of people around the world. Allowing organizations to refuse to offer the full range of contraception and limit the types of contraceptive methods provided to only natural family planning (NFP) limits voluntarism and informed choice. Furthermore, the promotion of NFP at the expense of other contraceptive methods is ill-advised and unethical. Instead, organizations should honor the birth control method preference of all individuals. Promoting NFP at the expense of other methods is dangerous, especially in areas where unintended pregnancy can frequently be life-threatening, since NFP has a lower use-effectiveness rate than other modern contraceptive methods, such as the pill, injectables, implants and intrauterine devices (IUDs), offered by USAID-funded projects. Partner organizations should be supported to enable people to voluntarily select a method most appropriate to their needs. Given that 218 million women in low- and middle-income countries have an unmet need for family planning services, it is critical that we increase the availability of all effective contraceptive options.

In addition to the priority requests on FP/RH funding and the policy language outlined above, the signatories recommend the continuation of positive and constructive language on SRHR-related topics including: microbicide research and development, obstetric fistula, female genital mutilation, child marriage, sexual violence and the prevention of discrimination and abuse of LGBTQI+ individuals abroad. Any increase in the FY 2025 funding levels for FP/RH programs should not come at the expense of other poverty-focused development, global health, humanitarian aid or women's empowerment and gender equality programs.

We thank you for your consideration of these requests and look forward to working with you to advance SRHR for all.

Sincerely,